## LOBBYIST MONTHLY REPORT FORM

State of Idaho

Ben Ysursa Secretary of State To Be Filed By:

LOBBYISTS (Sec. 67-6619) Page\_\_ \_of\_ Page(s) THIS SPACE FOR OFFICE USE ONLY

(Type or print clearly in black ink) See instructions at bottom of page								STATE OF IDAHO					
Lobbyis	,	ermanent busine				Date pr	epared		Pe	riod co	overed	<del> </del>	
	-	) Donal					18/08		ŀ	×	month e	nding	
185	345.			1	100			(Mo.)	(Day)	(Yr.)			
M	eridia	m ID	83642						C	3	31	108	
Item 1	Y		ole expenditures made o	r incurred by L	bbyi	st or by	Lobbyist's Emp	oyer on	behalf of L	obby	st's Emple	оуег.	
Category of Expenditure Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity Do Not Have to be Reported			*Total Amount for	Proportionate amounts contributed by each emp Item 3, at bottom of page.)				ployer (Identify employers, under					
			All Employers	Employer No. 1		Employer No. 2		Employer No. 3			Employer No. 4		
Enterta Food a	inment nd Refreshm	ent	s	. \$		_ \$_	s		s				
Living Accommodations													
Advert	ising					-				_			
Travel						_				_			
Telephone				V		_				_			
Other Expenses or Services						_   _					····		
						_				_	,	· · · · · · · · · · · · · · · · · · ·	
		Total	s_ <i>O</i>	s		_ s		s	<del>, , , , , , , , , , , , , , , , , , , </del>		\$		
*When			u are reporting for require									on Page 1.	
Item 2	A	f each expendi	ture of more than fifty de	ollars (\$50) for			ther holder of pu Names of Legis	blic offic	ce, and execution	cutive	officials.	in Group	
~	Date	·· , · · · · · · · · · · · · · · · · ·	Place		Amo	ur.	Names of Legis	iators, re	ione and La	iccuu v	Colliciais	in Group	
			$\bigcirc$		_								
			$\cup$										
	Continued on	attached page(s)									**		
		INST	RUCTIONS			Item 3	Er	nployer(s) Name(s) and Address(es)					
	Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code						No. 1 Idehans for Choice in Elecation						
Filing deadline: Monthly reports due within ten (10) days of the month for activities of the past month.  TO BE FILED WITH:						No. 2 PO BX 933							
PO Box 83720						To. 4					······································		
Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282													

	Date	Amount		lame of Legislator, Public or Executive Official Receiving or Benefiting						
s	Subject matter	of proposed legislati	on, the number of the Senate		LEGISLATIVE SUI	BJECT	IDENTIFICATION			
m   o	r House Bill.	Resolution or other	legislative activity in which							
Dject Coom tabi	Bill, Recorded to Logisland to Signature to	ive Ident, Number 395 397 294	Appropriation Bill Number and Section Number	01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16	minority affairs Government, financing, taxation, revenue, budget, appropriations, bids, fees, funds	18 19 20 21	Subject Health service, medicine, drugs and controlled substances, health insurance, hospitals Higher education Housing, construction, codes Insurance (excluding health insurance) Labor, salaries and wages, collective bargaining Law enforcement, courts, judges, crimes, prisons License, permits Liquor Manufacturing, distribution and services Natural resources, forest and forest products, fisheries, mining and mining products Public lands, parks, recreation Social insurance, unemployment insurance, public assistance, workmen's compensation Transportation, highways, streets and roads Utilities, communications, televisions, radio, newspaper, power, CATV, gas Other (please specify)			
bid	ntify any rule or bid proces porting or op	s, financial service	sion, procurement, contract, s or bond lobbyist was	(	CERTIFICATION: I hereby certificorrect statement in accordance we will be the bound of the bound	rith Sect				